

Agency:

Program:

Client #:

# KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

CLIENT VISIT RECORD (CVR)  
Bureau for Children, Youth & Families  
Curtis State Office Building  
1000 SW Jackson, Suite 220  
Topeka, KS 66612-1274



## Programs:

1. Family Planning (FP)
2. Maternal & Infant (M&I) - PN
3. Maternal & Infant (M&I) - PP
4. Maternal & Infant (M&I) - Infant
5. Healthy Start - PN (HS)
6. Healthy Start - PP (HS)
7. Child Health (CH)
8. School-Linked Clinic (SLC)

## B. Current Visit Data (continued)

### 12. Provider:

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Physician              | <input type="checkbox"/> 6. Registered/Licensed Dietitian |
| <input type="checkbox"/> 2. Physician's Assistant  | <input type="checkbox"/> 7. Home Visitor                  |
| <input type="checkbox"/> 3. Registered Nurse       | <input type="checkbox"/> 8. Other                         |
| <input type="checkbox"/> 4. ARNP/CNM               | <input type="checkbox"/> 9. Dentist/Hygienist             |
| <input type="checkbox"/> 5. Licensed Social Worker |   |

### 13. Primary Contraceptive Method at end of Visit:

- |                                 |                                 |
|---------------------------------|---------------------------------|
| 01. Oral Contraceptive          | 12. Other                       |
| 02. Diaphragm                   | 13. None (see 13a.)             |
| 03. Hormone Implant             | 14. Method Unknown              |
| 04. Hormone Injection (3 month) | 15. Ring                        |
| 05. Cervical Cap                | 16. Patch                       |
| 06. Female Sterilization        | 17. Abstinence                  |
| 07. Sponge                      | 18. Female Condom               |
| 08. Male Condom                 | 19. Male Rely on Fe/Method      |
| 09. Spermicide (alone)          | 20. Vasectomy                   |
| 10. IUD                         | 21. Hormone Injection (1 month) |
| 11. NFP/FAM                     |                                 |

### 13a. Reason for No Contraceptive Method:

- ☐ 01. Pregnant/Seeking Pregnancy  
☐ 02. Other Reasons

### 14. Program Services:

- |                      |  |  |       |
|----------------------|--|--|-------|
| Family<br>Planning   | <input type="checkbox"/> 01. Initial/Annual Exam       | <input type="checkbox"/> 13. Immunization    | Other |
|                      | <input type="checkbox"/> 03. Referral R/T Breast Exam  | <input type="checkbox"/> 14. Education Only  |       |
|                      | <input type="checkbox"/> 04. Pap Smear                 | <input type="checkbox"/> 15. Counseling      |       |
|                      | <input type="checkbox"/> 05. Breast Exam               |  |       |
|                      |  |  |       |
| Maternal<br>& Infant | <input type="checkbox"/> 06. New Intake                | <input type="checkbox"/> 16. Pregnancy Test  | Labs  |
|                      | <input type="checkbox"/> 07. Follow-Up—Clinic          | <input type="checkbox"/> 17. Gonorrhea       |       |
|                      | <input type="checkbox"/> 08. Follow-Up—Home            | <input type="checkbox"/> 18. Chlamydia       |       |
|                      | <input type="checkbox"/> 24. Follow-Up—Other           | <input type="checkbox"/> 19. Other STDs      |       |
|                      | <input type="checkbox"/> 27. Dental                    | <input type="checkbox"/> 20. HIV             |       |
| Healthy<br>Start     | <input type="checkbox"/> 09. Home Visit                | <input type="checkbox"/> 22. Lead Screening  |       |
|                      | <input type="checkbox"/> 10. Hospital Visit            | <input type="checkbox"/> 23. Other Screening |       |
|                      | <input type="checkbox"/> 25. Clinic Visit              | <input type="checkbox"/> 28. Syphilis        |       |
|                      | <input type="checkbox"/> 26. Other                     | <input type="checkbox"/> 30. MCH Pap Smear   |       |
|                      |  | <input type="checkbox"/> 31. MCH Breast Exam |       |
| Child<br>Health      | <input type="checkbox"/> 11. Kan Be Healthy/Well Child |  |       |
|                      | <input type="checkbox"/> 12. Sick Child                |  |       |
|                      | <input type="checkbox"/> 27. Dental                    |  |       |

### 15. Referrals:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11/01/2005

A. Client Record

B. Current Visit Data

1. Date of Birth (mm/dd/yy)  
  /   /
2. Is Child identified w/Special Health Care Needs? Enter 1 only if YES =
3. Gender:  
☐ 1. Male  
☐ 2. Female
4. Race: (mark all that apply)  
☐ 1. White  
☐ 2. Black or African American  
☐ 3. American Indian / Alaskan Native  
☐ 4. Asian  
☐ 5. Unknown/Not Reported  
☐ 6. Native Hawaiian / Pacific Islander
5. Hispanic/Latino Origin?  
☐ 1. Yes  
☐ 2. No
- 5a. If "Yes," select one of the following.  
☐ 1. Mexican  
☐ 2. Cuban  
☐ 3. Puerto Rican  
☐ 4. Central/South American  
☐ 5. Other/Unknown
6. English as Primary Language?  
☐ 1. Yes ☐ 2. No

7. Date of Visit (mm/dd/yy)  
  /   /
8. Annual Gross Family/Household Income:
- 8a. Family/Household Size:
9. Client's Primary Type of Health Coverage:  
☐ 1. Medicaid  
☐ 2. Private Insurance  
☐ 3. No Coverage  
☐ 4. Unknown  
☐ 5. HealthWave  
☐ 6. Other Public Insurance
10. County of Residence:
11. Zip Code of Residence:

## **REFERRAL CODES**

## APPENDIX D

### **CRISIS/EMERGENCY SERVICES**

- 01 Domestic Violence
- 02 Child Protection
- 03 Rape/Sexual Assault
- 04 Suicide
- 05 Housing/Utilities Assistance
- 06 Legal Assistance

### **EDUCATION SERVICES**

- 07 Vocational
- 08 Prenatal/Parenting
- 09 Early Childhood

### **HEALTH SERVICES**

- 10 Immunizations
- 11 Dental
- 12 Developmental
- 13 Family Planning
- 14 Hearing
- 15 Prenatal/Postpartum
- 16 Speech/Language
- 17 Vision
- 18 Nutrition
- 19 Other Medical
- 37 Overweight
- 38 Allergy injections
- 39 Diabetes management

### **SOCIAL SERVICES**

- 20 Counseling
- 21 Employment Resources
- 22 Financial Assistance
- 23 Food/Food Stamps, excludes WIC
- 24 MEDICAID Determination
- 25 Mental Health
- 26 Other SRS
- 27 Youth Services

### **SUPPORT SERVICES/SYSTEMS**

- 28 Adoption Services
- 29 Alcohol/Drug Abuse Services
- 30 Child Care
- 31 Clothing
- 32 Churches
- 33 Transportation
- 34 Support Group
- 35 Other
- 36 Breastfeeding